UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

	REQUEST FOR PATENT F					
1 Date of Request: 60805 2 Serial/Patent # 10 52215						
3 Please refund the following fee(s):		4 PA	PER MBER	5 DATE FILED	6 AMOUNT	
X	Filing				\$ 100.00	
	Amendment				\$	
	Extension of Time				\$	
	Notice of Appeal/Appeal				\$	
	Petition				\$	
r	Issue				\$	
	Cert of Correction/Terminal Disc.				\$	
	Maintenance				\$	
	Assignment				\$	
	Other				\$	
Done			7 TOTAL AMOUNT OF REFUND \$ 100,00		\$ 100,00	
		8 T	8 TO BE REFUNDED BY:			
10 REASON:			Treasury Check			
X	Overpayment		Credit Deposit A/C #:			
	Duplicate Payment	_	9 110-1213			
•	No Fee Due (Explanation):	<u>L</u>				
11 RE	FUND REQUESTED BY:				,	
TYPED/PRINTED NAME: Drrell Coffmas TITLE: Paralesal						
SIG	NATURE: (Laul (ister		P	PHONE: 703	-308.9140 XZ	
***	ICE: ************************************		****	*****	*****	
APPROVED: DATE:						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B